# MODULE 4: INTRODUCTION TO COVERED SERVICES

**TIME:** 60 Minutes

**PURPOSE:**

Module 4 provides participants with an overview of covered services in preparation for a role play activity designed to provide key information about covered services. Specifically, this module will cover the goals and features of covered services, its history, and highlight key services.

**LEARNING OBJECTIVES:**

Upon completion of this module, participants will be able to:

- Discuss the purpose and goals of covered services;
- Use the Covered Services Guide as a resource, including possible variations between Title XIX/XXI and non-Title XIX/XXI eligible persons and services;
- Understand the qualifications needed to provide various services; and
- Identify and use the newer services.

**MODULE AGENDA:**

| | | |
|---|---|---|
| A. | Purpose and Learning Objectives of Module 4 | 1 Minute |
| B. | Purpose and Goals of the Covered Services | 4 Minutes |
| C. | Rationale for the New Covered Services | 5 Minutes |
| D | Major Features of Covered Services | 5 Minutes |
| E. | Key Service Definition Presentations | 45 Minutes |

**TRANSPARENCIES:**

T-4.1: Purpose of Covered Services
T-4.2: Rationale for Covered Services

**HANDOUTS:**

H-4.1: Covered Services Guide Table of Contents
H-4.2: Examples of Information Found in the Covered Services Guide
H-4.3: Definitions of Service Providers
H-4.4: Summary of Highlighted Covered Services

**PREPARED NEWSPRINT:**

None

**ADDITIONAL SUPPLIES:**

None

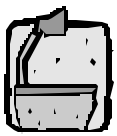
**1 Minute**

## A. PURPOSE AND LEARNING OBJECTIVES OF MODULE 4

Facilitator should spend a few minutes discussing the module cover sheet and reviewing the purpose and learning objectives of Module 4.

**4 Minutes**

## B. PURPOSE AND GOALS OF COVERED SERVICES



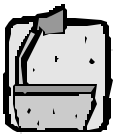
**T-4.1**

The Facilitator should show T-4.1: *Purpose of Covered Services,* and note that the ADHS/DBHS has developed a comprehensive array of covered behavioral health services that will assist, support, and encourage each eligible person to achieve and maintain the highest possible level of health and self-sufficiency. The goals that influenced how covered services were developed included:

- Developing and aligning services to support a person-family-centered service delivery model;
- Increasing provider flexibility to meet better individual/family needs;
- Dispelling service myths and eliminating barriers to service;
- Recognizing and including support services provided by non-licensed individuals and agencies;
- Streamlining service codes and incorporating, where feasible, proposed HIPAA codes; and
- Maximizing use of Title XIX/XXI funds.

**5 Minutes**

## C. RATIONALE FOR THE NEW COVERED SERVICES



**T-4.2**

The Facilitator should show T-4.2: *Rationale for Covered Services*, and present the history of covered services, including the following information:

- For many years, ADHS received requests to review and expand its array of covered services. Beginning in November 2000, ADHS conducted such a review using stakeholder interviews and research to determine the services covered in other States, as well as the services that can be reimbursed through Title XIX and Title XXI.
- Following this review, ADHS redefined current services and added new services to its array.
- To provide information about these changes, ADHS developed a comprehensive Covered Services Guide and other supporting documents. These documents were reviewed by stakeholders and revised in accord with their suggested changes.
- DHS then conducted training about the system, and Covered Services was implemented in October 2001.
- Some of the key elements of Covered Services are to maintain a comprehensive array of behavioral health services that will achieve health and self-sufficiency, provide services and supports to family members, and

collaborate with other agencies to coordinate services.

- In addition, these services are intended to be responsive to each person's needs, be accessible, flexible, and cost-effective.

The Facilitator should remind participants that non-Title XIX individuals may not have access to all of these services and that it will depend on the funding available. Participants should check the Covered Services Guide or ask the RHBA for more specific information.

ADHS/DBHS has categorized its covered behavioral health services into a continuum of service domains in order to promote clarity and understanding through the consistent use of common terms across populations.

The Facilitator should slowly review the following specific service domains, which include:

- Treatment Services
- Rehabilitation Services
- Medical Services
- Support Services
- Crisis Intervention Services
- Inpatient Services
- Residential Services
- Behavioral Health Day Programs
- Prevention Services

The Facilitator should hand out H-4.1: *Covered Services Guide Table of Contents* and read the table of contents to the participants. The Facilitator should also hold up a copy of the Covered Services Guide for participants to see.

**H-4.1**

The Facilitator should then hand out H-4.2: *Examples of Information Found in the Covered Services Guide* for peer support and case management and say that the guide has the following information for each of the covered services:

**H-4.2**

- General Definition;
- Service Standards/Provider Qualification;
- Code Specific Information; and
- Billing Information.

The Facilitator should ask the participants to look over the handout for a couple of minutes and inform the participants that the latest version of this guide can be found on the Arizona Department of Health Services/Division of Behavioral Health Services website at www.hs.state.az.us/bhs.

The Facilitator should hand out H-4.3*: Definitions of Service Providers* and ask participants to identify themselves according to the categories described.

**H-4.3**
**5 Minutes**

**D. MAJOR FEATURES OF COVERED SERVICES**

One of the main features of covered services is to provide behavioral health services to family members as well as to the individual receiving services. For example, family members may need help with parenting skills, education regarding the nature and management of the addiction or mental health disorder, or relief from care giving.

Many of the services available can be provided to family members when the individual's treatment record reflects that the provision of these services is aimed at accomplishing the service plan goals (they show a direct, positive effect on the individual). Furthermore, the individual does not have to be present when the services are being provided to family members.

For purposes of service coverage and this guide, family is defined as "The primary care giving unit and is inclusive of the wide diversity of primary care giving units in our culture. Family is a biological, adoptive or self-created unit of people residing together consisting of adults(s) and/or child(ren) with adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family."

**E. KEY SERVICE DEFINITION PRESENTATIONS**

**45 Minutes**

Facilitator should refer participants to H-4.4: *Summary of Highlighted Covered Services* explaining that for today's purposes, the training will focus on a subset of the State's covered services. This subset will be referred to as the "highlighted covered services." The Facilitator should then introduce the next activity.

**H-4.4**

The Facilitator will divide the room into groups of 2-3 people and give each group a card on which one side has printed a highlighted service, and on the other side has a brief description of the service. The participants will be instructed to prepare a 2-minute presentation to inform the rest of the group about their assigned service. The presentation can be in any format using available props. Participants are encouraged to have fun with the presentations and present the service as useful and attractive. Included in the presentation should be an example of a individual need that could be addressed by the service. The Facilitator should explain that awards will be given to participants at the conclusion of the presentation.

(*Note to trainer – It is important that each card has a notation indicating that the description on this card is for training purposes only, for actual benefit or service, consult the Covered Services Guide.)*

The Facilitator should give participants 10 minutes to prepare their presentation and use the time to walk around to the groups and help them prepare their presentations. At the conclusion of the 10 minutes, the Facilitator should ask for a volunteer to give the first presentation and continue with the presentations until all highlighted services are covered.

After each presentation, the Facilitator should ask participants for a testimonial about when the covered service that was just described was used to benefit a client. After all the presentations are complete, the Facilitator should summarize the activity by asking participants:

- How does the provision of these services relate back to the principles that we discussed at the beginning of the training?

## T-4.1: PURPOSES AND LEARNING OBJECTIVES OF MODULE 4

**Purpose**

Module 4 provides participants the opportunity to practice assessing client needs using a case study.

**Learning Objectives**

The participants will be able to:

- Assess client needs for ancillary services;
- Identify client needs that warrant the provision of ancillary services; and
- Rank the various identified needs in order of importance and urgency.

# H-4.1: CASE STUDY #1

A 33-year-old single, African-American female seeking help to regain custody of her children. She is currently homeless and jobless. The client identifies as heterosexual. She was referred by the court due to her drug use history and HIV status.

**Medical**

Client reports being diagnosed as HIV+ in 1996 and she uses vitamins and soup to maintain her health. She does not take HIV medications. She takes Claritin for allergies.

December 2001: Client dislocated her shoulder when she jumped out of moving car while on PCP. While in the car she was attacked with a stun gun.
February 2001: Client was treated for an abscess.
1996: Client overdosed on cocaine.
1994: Client dislocated shoulder (same as above) when she fell down a flight of steps while drinking.

**Education/Employment**

The client completed the 10th grade. However, she claims to be unable to read. Her usual work is as an office manager part-time. However, the client is currently unemployed and has resorted to prostitution. She was doing this work when she last dislocated her shoulder and her children were subsequently removed from her custody.

Client currently receives $130/month from welfare. Occasionally one of her children's fathers will give her money. The client hopes to learn to read and get training for her office work.

**Drug/Alcohol Use**

Client recognizes a need for drug treatment. She claims to have abstained from all substances for the last 30 days. Client has had 6 episodes of treatment/hospitalization due to drug use.

Age 16-Detox
Age16-Hospitalized after using crack and PCP
Age 25-28 day program resulting in 3 years of abstinence
Age 27-detox for alcohol
Age 32-Crack made her sick while pregnant so she switched to PCP. 10 days outpatient tx.
Age 33-Five day detox after eldest son was shot and her use increased.

**Legal**

The client was arrested one time for possession of drugs. This did not result in a conviction.

The courts are currently involved due to client's drug use, prostitution and current injuries.

**Family/Social Relationships**

Client has never been married, has four children (ages 16, 14, 11 and one year) and lives with friends. The children all have different fathers. The two eldest were given up for adoption. The two youngest are in foster care. The client hopes to regain custody of the two youngest children.

The client reports being alienated from her own family. Her mother and father used crack, as do her siblings. The client has one brother and 7 half brothers. Client was sexually abused by two of her mother's husbands and physically abused by several people in her home.

**Psychiatric Status**

The client denies any current suicide ideation and was oriented x3 at this interview. She does report feelings of depression and anxiety, mostly stemming from the loss of custody of her one-year-old child. She has had hallucinations in the past; however, these were while under the influence of drugs.

The client reported one suicide attempt when in her early twenties by using over the counter medication.

**Interviewer's Impression**

The client was outgoing and amiable during the interview. She was calm, focused and able to concentrate. Her mood was stable and appropriate. She openly flirted with the intake counselor (male) and acted childlike. And, she seemed intent on getting approval. The client displayed a lack of social skills as evidenced by passing gas during the interview.

Around the client's neck and arms were scars from her recent accident. However, the client was optimistic and was sure that after she did what the courts told her to do, she would have her children returned to her.

## H-4.2: CASE STUDY #2

This 49-year-old Hispanic female was referred by a psychiatric hospital after completing 14 days in a partial hospitalization program. The client says she came to the clinic to obtain housing.

**Medical Status**

The client has been hospitalized 11 times for medical problems stemming from fibromyalgia, arthritis and kidney problems. She says she only has one kidney, but is unsure what happened to the other one.

Client also has difficulty walking due to swelling in her feet. Her shoulder hurts since a physical confrontation with a neighbor one month ago (this event led to her recent psychiatric hospitalization).

**Education/Employment**

She completed 13 years of schooling. In the past she has worked as a secretary. Her longest period of employment was two years. She has been on disability due to a bi-polar condition for 9 years. Her last violent outburst caused her to be evicted from her current housing.

**Drug/Alcohol Use**

The client uses alcohol, marijuana and cocaine. She reports using all three for the past 30 years. She has also used LSD and amphetamines sporadically over the last ten years. She does not see herself as an addict and she is only being assessed in order to get housing assistance.

**Legal Status**

The client has been charged with drug possession, forgery and contempt of court one time each. No jail time was served. She does not see her legal history as relevant.

**Family/Social Relationships**

The client is divorced with no children. She has lived alone. She has experienced serious conflicts with most people in her life.

As a child she was physically and sexually abused. She describes her paternal grandfather and father as pedophiles. Her mother was distant from the family. The client cried as she related this. Her father continued physical violence until she was 26 when he broke her nose.

Client has no friends or associates. Any reference to socializing was from when she worked 9 years ago.

**Psychiatric Status**

Client is diagnosed with bi-polar disorder and depression. She currently takes Depakote and Ativan. She has made four suicide attempts. The first was by stabbing, the other three by overdosing on medication. The last attempt was in 1993.

Her recent psychiatric hospitalization was due to unprovoked violence toward her neighbor. Her theory was that her "meds were off". The client was an inpatient for two weeks, and then completed a 14-day partial hospitalization program. During the stay she led a revolt of patients against staff, of which she was quite proud. Client was considered stabilized and discharged. She has been homeless for the following weekend.

The client has been treated for psychological problems on six occasions in a hospital setting and ten times in outpatient. She currently reports serious depression, anxiety, hallucinations and difficulty concentrating. Additionally, she has a history of violent behavior.

Client reports serious thoughts of suicide in the last thirty days although she has no specific plan.

The client's last hallucination was three days ago. She thought she saw a television in her hand. Then she fell asleep and had dreams of using cocaine. She received Ativan from nursing.

**Interviewer's Impression**

This is an obese, gruff yet friendly woman. Although slovenly dressed and seemingly indifferent to others, she has an intelligent and quick mind and is impatient when she perceives a lack of respect.

Discussions of the past seemed nostalgic and client is aware that her mental disability keeps her from being self-sufficient.

The client's mood was stable and appropriate. Her thought content seemed normal. The client was oriented x3.